

University of Kansas Copier order form – KU Contract 87100

Terms: 60 months to August 31, 2015

Unisource Document Products (UDP) www.udpcorp.com 8551 Quivira Road, Lenexa KS 666215 (913)599-0913

For service or to order supplies, contact UDP: (913) 599-0299 or (888) 253-0299 or service@udpcorp.com

Copier usage and cost worksheet is available at: www.MultifunctionDevices.ku.edu

Please send completed form to purchasing@ku.edu or fax to 864-3454. Please complete an order for each copier.

Current Model: _____ Serial Number: _____

Current Model Optional Features: _____

Number of copies per year: _____ Department _____ Location (bldg & room): _____

Contact: _____ PH: _____ Email: _____

Secondary Contact: _____ PH: _____ Email: _____

Dept. Technical Liaison: _____ PH: _____ Email: _____

UDP Model: _____ Location for installation: Building Name: _____ Room: _____

Total Monthly lease cost: _____

Special installation instructions: _____

Accessories	Add
Basic finisher w/ stapler	
Booklet finisher	
Hole punch	
Scan to searchable PDF	
Keyboard	
Fax capability	
Large capacity paper tray 2,500 sheets	
Large capacity paper tray 4,000 sheets	
2 additional 1,500 sheet paper trays	
1 additional 2,500 sheet paper tray	

Your selection will be evaluated by KU Purchasing. Approvals will be granted by matching the number of copies made previously with equipment capabilities. If your department will be networking a number of printers to result in an increased number of copies made, please attach justification. A Copier usage and cost worksheet is available at www.MultifunctionDevices.ku.edu. If the new equipment selected appears to be larger than needed, you will be asked to choose another machine. Submit justification for the selection of a color over a black and white copier.

Department Technical Liaison to complete the following section:

Is the new device located within 20 ft of an active data circuit and can it be connected without creating safety issues or requiring new construction? YES*: _____ Circuit ID, Jack # and/or MAC Address: _____ NO**: _____

* If YES, is this active data circuit currently in use? YES: _____ NO: _____ (if it is in use, please arrange for the device in use to be removed 24 hours before installation of the new MFD)

** If NO, you must request a new data circuit at: www.technology.ku.edu/network/

Will this device be using iPrint? YES: _____ NO: _____

Signature: _____

I hereby acknowledge that this order is being placed under the terms of KU contract 87100 and further certify that I have the authority to order.

For Purchasing Use Only:

Approved By: _____ Date: _____

Send Back for Reconsideration: _____

Final Approved Selection: _____

Order Number to be used to track this machine: _____ KU _____